



Open Enrollment Overview

- How to complete Your Tobacco-Use Attestation and ESS Benefits Enrollment Online?

Any instructions will be in red...

Last Updated: 9/23/2016

Tobacco-Use Attestation

All employees are required to complete the Tobacco-Use Attestation form online prior to starting Open Enrollment. The link for the form is:

<http://benefitenrollment2016.fultoncountyga.gov/apps/tba/>

*Notes: You must log in using your employee id number as the username and **7 digits of your date of birth as your password in MMDDYY format**. Instructions available on login form below.*

Login Form

Fulton County Tobacco-Use Attestation and ESS Open Enrollment

Employee Log In

WELCOME

INSTRUCTIONS: To log into the Tobacco Attestation screen, you will need to sign in with your 10 digit employee ID as your username and **your 6 digit date of birth as your password in mmddyy (2 digit month, 2 digit day, 2 digit year).**

Example: Username (employee ID): 0000012345; Password: 051168

User Name:

Password:

Tobacco-Use Attestation Form

FULTON COUNTY



Fulton County Tobacco-Use Attestation Active Employees

Your information

SUPERSTAR EMPLOYEE

0123456789

Department Name

Department Division

The following information will be displayed at the top of the form:

- Name
- Employee ID
- Department Name
- Division Name

Tobacco-Use Attestation Form

☒
☐
☐

I attest that I **do not** use tobacco product(s).

I acknowledge that I **use** tobacco product(s). I **pledge to enroll** in a tobacco cessation program, offered by my selected 2 provider (BlueCross Blue Shield or Kaiser) by February 28, 2017. I understand that the tobacco-use surcharge will be added if I do not enroll in a tobacco cessation program by February 28, 2017.

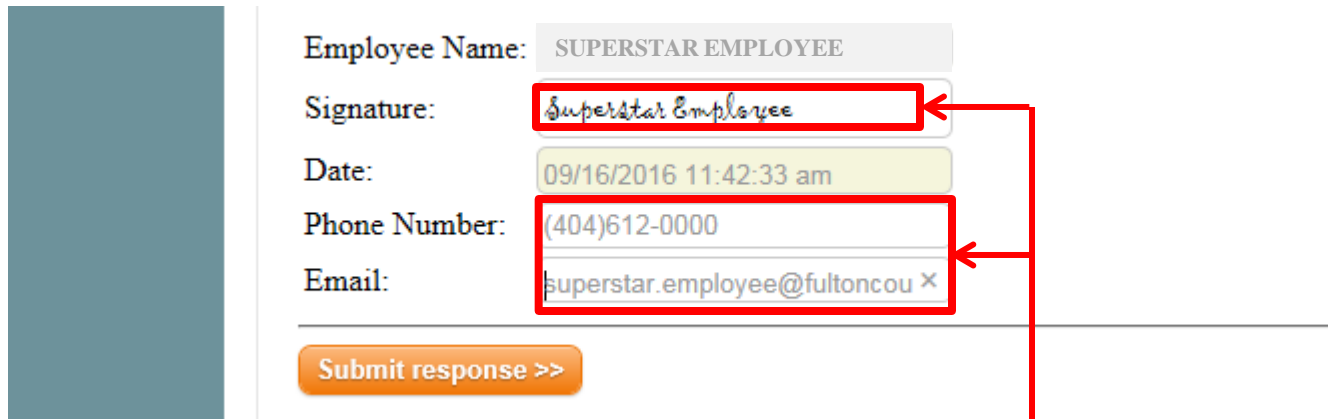
I acknowledge that I **have** used a tobacco product within the past two months. I **have no intention of quitting**. I understand that if I check this box, the tobacco-use surcharge will be added to my premium effective January 1, 2017.

☐

I certify that all information provided by me is complete and accurate.

Once an option is selected above, the employee should check this box to certify that the information is accurate.

Tobacco-Use Attestation Form



A screenshot of a web form titled "Tobacco-Use Attestation Form". The form contains several fields: "Employee Name" (gray background, value: SUPERSTAR EMPLOYEE), "Signature" (white background, value: Superstar Employee, highlighted with a red box and a red arrow), "Date" (gray background, value: 09/16/2016 11:42:33 am), "Phone Number" (white background, value: (404)612-0000, highlighted with a red box and a red arrow), and "Email" (white background, value: superstar.employee@fultoncou, highlighted with a red box and a red arrow). Below the fields is an orange button labeled "Submit response >>".

Employee Name:	SUPERSTAR EMPLOYEE
Signature:	Superstar Employee
Date:	09/16/2016 11:42:33 am
Phone Number:	(404)612-0000
Email:	superstar.employee@fultoncou x

Submit response >>

The gray fields are automatically populated with information. Employees must enter the following information:

- Signature
- Phone number
- Email address

Once information is entered, click Submit Response.

Tobacco-Use Attestation Form



Fulton County Tobacco-Use Attestation and ESS Open Enrollment Active Employees

Hi Smart



Helpful Links and Documentations

[2017 Benefits Enrollment Guide](#)

[Overview of 2017 Plan Offerings](#)

[2017 Premium Rates](#)

[How to complete Your Benefits Enrollment and Tobacco-Use Attestation Online?](#)

[How to Select A Primary Dentist for the Aetna DMO Plan](#)

How to Earn/Keep \$240 Annual Wellness Credit for 2017

You can reduce your 2017 premium under any of the medical plans by \$20 each month by making an appointment to see your doctor **OR** attending a biometric screening if you are unable to see your provider. You must complete the requirements with the Medical Plan Provider (BCBS or Kaiser) that you are currently enrolled in by December 31, 2016.

If you are currently enrolled with BCBS for 2016, [click here](#) for instructions. (see Blue Cross Biometric Screening Document attached)

You are now logged in to the Open Enrollment External System.

You have completed your Tobacco Attestation Form and may continue to ESS Open Enrollment.

Click below image to access ESS



Click here to continue to ESS

Need Help?

Employee ID Assistance

Employees are required to know their 10 digit employee ID number to access the ESS enrollment system. Employees who do not know their employee ID number must contact their Department HR Liaisons. Click below to access the Department HR Liaisons List.

- [Department HR Liaison List](#)

IT ESS Support

For technical issues or help with your access including ESS password reset, contact the Technical Support Center at 404.612.7334 or email technical.Support@fultoncountygga.gov. Technical Support Center hours are Monday ☐ Friday from 8:30 a.m. to 5:00 p.m.

Benefits and Payroll Questions

For more information, please contact the Employee Benefits Division at (404) 612-7605 or email at employeebenefits@fultoncountygga.gov. For specific questions regarding plan design, use the contact list below

- [Plan Vendors Contact List](#)

Helpful links are here

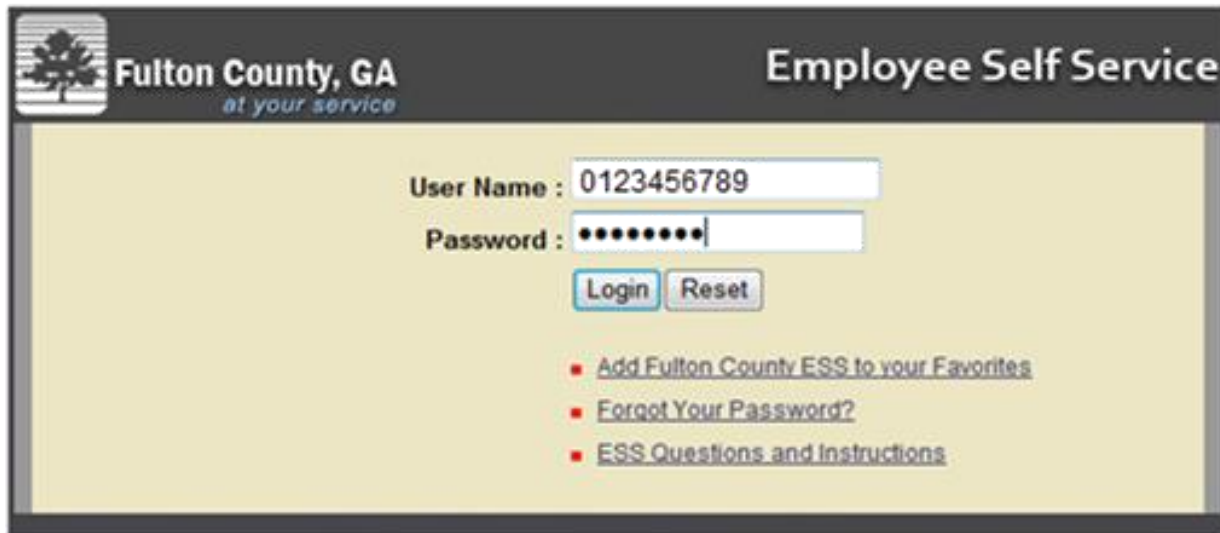
Helpful links are here



ESS (Employee Self Service) Open Enrollment Wizard

Log into ESS

Employees will use their 10-digit employee ID number to log into ESS



The screenshot shows the login interface for the Fulton County, GA Employee Self Service (ESS) system. The header includes the Fulton County logo and the text "Fulton County, GA at your service" on the left, and "Employee Self Service" on the right. The main content area has a light yellow background. It features a "User Name" field with the value "0123456789" and a "Password" field with masked characters. Below the password field are "Login" and "Reset" buttons. At the bottom, there are three links: "Add Fulton County ESS to your Favorites", "Forgot Your Password?", and "ESS Questions and Instructions".

Fulton County, GA
at your service

Employee Self Service

User Name : 0123456789

Password :

Login Reset

- [Add Fulton County ESS to your Favorites](#)
- [Forgot Your Password?](#)
- [ESS Questions and Instructions](#)

Notes: The employee ID number MUST consist of all 10-digits, including the leading 0s.

Once logged in...

AMS ADVANTAGE ESS - Windows Internet Explorer

Welcome, EMPLOYEE, SUPERSTAR
[Home](#) [Accessibility](#) [PrintPage](#) [Logout](#)

Fulton County, GA ESS

Home Change Password Change Password Hint Forms and Websites Announcements Broadcasts Alerts

My Desktop

Home

My Info

General Information

Employee ID :	0123456789
Appt ID :	
Name :	EMPLOYEE, SUPERSTAR
SSN :	111-11-1111
Appt Date :	07/25/2007
Title :	IT ASST DIR
Sub-Title :	IT ASST DIR
Emp Status :	ACTIVE EMP
Street 1 :	123 MAIN STREET
Street 2 :	
City :	ATLANTA
State/Province :	GA
Zip/Postal Code :	30328
Home Phone :	404-555-1985
Contact Name :	EMPLOYEE, EMERGENCY
Phone :	404-555-1111

[more...](#)

Alerts

ESS Employee Emergency Contact Document
11011300000000000029 has been approved and processed
[successfully](#)

[more...](#)


Announcements

[more...](#)

Pay Summary

Last Paycheck Issued : 08/07/2015
Gross Pay Amount : 9,999.99

[more...](#)

Do you want to launch the Enrollment Wizard?  ← Click here to begin the Open Enrollment Wizard

Appointment ID



Welcome to the Employee Self Service Wizard!

Welcome to the new 2017 Open Enrollment Benefit Wizard, the latest offering in 24-hour employee self service! You will be able to review your current coverage elections and confirm/maintain your benefits and dependent coverage.

ALL BENEFIT ELIGIBLE EMPLOYEES MUST COMPLETE ENROLLMENT THROUGH THE ESS BENEFIT WIZARD TO ENSURE COVERAGE FOR 2017! TO AVOID THE \$50 MONTHLY TOBACCO-USE SURCHARGE FOR 2017, EMPLOYEES MUST COMPLETE THE TOBACCO ATTESTATION FORM ONLINE BY OCTOBER 14, 2016.

To review your current coverage elections, click the "MyInfo" tab on the left, then click the "MyBenefits" tab at the top, then select the "Employee Benefits and Deductions" tab. Your current deductions will display. Print a copy of the page(s) before proceeding. To return to the benefit enrollment wizard page, simply click "My Desktop".

[CLICK HERE TO FIND A COMPLETE OVERVIEW OF THE 2017 BENEFIT OFFERINGS, PREMIUM RATES , INSTRUCTIONS ON HOW TO NAVIGATE THE ESS BENEFIT ENROLLMENT SYSTEM, THE 2017 BENEFIT ENROLLMENT GUIDE AND OTHER BENEFIT MATERIALS.](#)

To begin, please select an Appointment from the list below and click Continue.

Appointment ID	Title	From	To
✓	INFO SYS ANA II	12/30/2015	12/31/9999

Select the appropriate appointment ID if more than one is listed.



← Click here to continue

There are some employees that may have multiple appointment IDs. In this case, the employee should select the appointment ID that... If the employee reenter the wizard after logging out, the employee must select the same employee ID that was initially selected.

Start or Continue




Welcome to the Employee Self Service Wizard!

What would you like to do today? Please choose one of the options below.

Start New or Modify Existing Enrollment

- ☒  Starting New Open Enrollment? Choose this one. **← Select this option to start new enrollment**
This option will delete any unfinished enrollment in progress

Continue Unfinished Enrollment

- ☐  Use this option to pick up an unfinished or existing open enrollment in progress.
- Ongoing Enrollment** **← Select this option to continue an existing enrollment**
Enrollment Type : Open Enrollment

Back

Continue

Cancel

Click here to continue after option is selected above

Notes: Employees may select Start to delete any options that have been selected IF the employee has NOT submitted options by clicking FINISH on the last screen. If an employee select Continue, the wizard will navigate the employee to the last screen they were on prior to exiting the wizard.

Open Enrollment



Welcome to the Employee Self Service Wizard!

This area will allow you to review your current coverage elections and confirm/maintain your benefits and dependent coverage.

Please choose one of the options below.

☒ Open Enrollment

Welcome to Open Enrollment thru ESS! You have until **Friday, October 14th** to enroll in or alter your benefits.

Failure to do so by this deadline will result in default to Kaiser HMO medical coverage for you and any covered dependents and waived coverage for dental and vision. If you currently waived medical coverage and do not make any changes during open enrollment you will continue with waived coverage.

Back

Continue

Cancel

Click here to continue

Notes: The only option available at this time is Open Enrollment. In the future, New Hire and Life Event Change options may be available.

Appointment Details



1 - Appointment

[Continue](#)[Save&Exit](#)

Please review the [Benefit Enrollment Guide](#) on Employee Central Website for a complete description of the 2017 plan offerings. When enrolling for coverage, you must select coverage as the primary member in order to enroll dependents. Choose your elections carefully. You will be required to remain in the plan of choice through 2017 unless you have a qualifying life event change.

Appt ID	Title	Sub-Title	Emp Status	Home Dept	Home Unit	Location	From	To
✓	INFO SYS ANA II		ACTIVE EMP	Info Tech	TechEnterAppl	INFO TECH	12/30/2015	12/31/9999

Employee ID : 0123456789

Appt ID :

Name :

Social Security Number : 111-11-1111

Appointment Date : 12/01/2015

Title : INFO SYS ANA II

Sub-Title :

Emp Status : ACTIVE EMP

From : 12/30/2015

To : 12/31/9999

Home Dept : Info Tech

Home Unit : TechEnterAppl

Pay Location :

Location : INFO TECH

[Continue](#)

Click here to continue

Dependents



2 - Dependents

Back

Continue

Save&Exit

Reset

Dependents Enrollment Instructions: Employees are allowed to cover eligible dependents. Eligible dependents require proof of dependent relationship. Examples of coverage changes during open enrollment include adding or removing a dependent and/or changing the medical, dental, or other plans you currently have. Dependent children can be covered until age 26. Please list all eligible dependents here.

Please note: The social security number is required for all dependents. Failure to include this information will delay completion of enrollment.

Dependent ID	First Name	Last Name	Relationship Desc	Gender	FT Student	Dependent Info Effective On	Dependent Info Expires On
✓ 32324	SUPERSTAR	SPOUSE	SPOUSE	Male	No	09/20/2014	12/31/9999

Maintain

Add

Delete



▼ Dependent Information

Dependent ID : 32324

Name Prefix :

First Name : SUPERSTAR,

Middle Name :

Last Name :

Dependent Information

Effective On : 09/20/2014

Dependent Information

Expires On : 12/31/9999

Disability :

Dependents (cont'd)

Please note: The social security number is required for all dependents. Failure to include this information will delay completion of enrollment.

Dependent ID	First Name	Last Name	Relationship Desc	Gender	FT Student	Dependent Info Effective On	Dependent Info Expires On
✓ 32324	SUPERSTAR	SPOUSE	SPOUSE	Male	No	09/20/2014	12/31/9999

Maintain

Add

Delete



▼ Dependent Information

Dependent ID : 32324

Name Prefix :

First Name : SUPERSTAR,

Middle Name :

Last Name :




Dependent Information

Effective On : 09/20/2014

Dependent Information

Expires On : 12/31/9999

Disability :

Notes: Employees may expand the Dependent Address and Dependent Contact information by clicking the  icon above Dependent Information. Employees may also expand each section independently by clicking the  icon next to that section. You may also click  to collapse section(s).

Dependents – Add



2 - Dependents

Back

Continue

Save&Exit

Reset

Dependents Enrollment Instructions: Employees are allowed to cover eligible dependents. Eligible dependents require proof of dependent relationship. Examples of coverage changes during open enrollment include adding or removing a dependent and/or changing the medical, dental, or other plans you currently have. Dependent children can be covered until age 26. Please list all eligible dependents here.

Please note: The social security number is required for all dependents. Failure to include this information will delay completion of enrollment.

Dependent ID	First Name	Last Name	Relationship Desc	Gender	FT Student	Dependent Info Effective On	Dependent Info Expires On
✓ 32324	SUPERSTAR	SPOUSE	SPOUSE	Male	No	09/20/2014	12/31/9999

Maintain

Add

Del

Click here to continue



▼ Dependent Information

Dependent ID : 32324

Name Prefix :

First Name : SUPERSTAR,

Middle Name :

Last Name :

Dependent Information


Effective On : 09/20/2014

Dependent Information

Expires On : 12/31/9999

Disability :

Dependents – Add(Dependent Information)

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My Desktop My Info

Dependent Information Change Page

DBICP **CTEXT** Use the fields below to add or maintain dependent information.

▼ Dependent Information

Dependent ID :	<input type="text"/>	*Dependent Information Effective On :	<input type="text"/>
*First Name :	<input type="text" value="SUPERCHILD"/>	Dependent Information Expires On :	<input type="text"/>
Middle Name :	<input type="text"/>	Disability :	<input type="text"/>
*Last Name :	<input type="text" value="EMPLOYEE"/>	Disability Desc :	<input type="text"/>
Name Suffix :	<input type="text"/>	Full-time Student :	<input type="text" value="No"/>
Social Security # :	<input type="text" value="222-22-2222"/>	Birth Date :	<input type="text" value="01/01/2015"/>
*Relationship :	<input type="text" value="CHILD"/>	Wedding Date :	<input type="text"/>
Relationship Desc :	<input type="text" value="CHILD"/>	Date of Death :	<input type="text"/>
Gender :	<input type="text" value="Male"/>	Divorced/Separated Date :	<input type="text"/>

▼ Address Information

Dependent Address Same as Employee Address : ☐

Street 1 :

Street 2 :


City :

State/Province :

Zip/Postal Code :

Country :

Notes: Employees can add dependent information in fields that are not shaded grey.




Deselect this option and click the  icon to enter dependent address information if it differs from the employee's address.






Dependents – Add(Dependent Information)

Please remember to include SSN for all dependents.



▼ Dependent Information



Dependent ID :
*First Name :
Middle Name :
*Last Name :
Name Suffix : 
Social Security # :
*Relationship : 
Relationship Desc :
Gender : 

*Dependent Information
Effective On :
Dependent Information
Expires On :
Disability :
Disability Desc :
Full-time Student : 
Birth Date : 
Wedding Date : 
Date of Death : 
Divorced/Separated
Date : 

*Notes: Employees can only add dependent information in fields that are not shaded grey. * denotes a required field.*

▼ Address Information

Dependent Address Same as Employee Address : ☐

Street 1 :
Street 2 :
City :
State/Province : 
Zip/Postal Code : 

Home Phone Ext :

Deselect this option and click the  icon to enter dependent address information if it differs from the employee's address.

Dependent Information Change Page

Save & Continue



Click here to continue

Dependents



2 - Dependents

Back

Continue

Save&Exit

Reset

Dependents Enrollment Instructions: Employees are allowed to cover eligible dependents. Eligible dependents require proof of dependent relationship. Examples of coverage changes during open enrollment include adding or removing a dependent and/or changing the medical, dental, or other plans you currently have. Dependent children can be covered until age 26. Please list all eligible dependents here.

Please note: The social security number is required for all dependents. Failure to include this information will delay completion of enrollment.

Dependent ID	First Name	Last Name	Relationship Desc	Gender	FT Student	Dependent Info Effective On	Dependent Info Expires On
✓ 32324	SUPERSTAR	SPOUSE	SPOUSE	Male	No	09/20/2014	12/31/9999
33121	SUPERSTAR	CHILD1	SON	Male	No	01/01/2016	12/31/9999

Maintain

Add

Delete



▼ Dependent Information

Dependent ID : 32324

Name Prefix :

Dependent Information

Effective On : 09/20/2014

Notes: Any dependents added will show here.

Benefit Enrollment



3 - Benefits Enrollment

[Back](#)[Continue](#)[Save&Exit](#)[Reset](#)

Completing Open Enrollment thru ESS is mandatory this year!

If you do not elect coverage through ESS, your medical coverage will default to the Kaiser HMO plan for you and your current dependents with no dental or vision coverage for 2017. Benefit offerings for 2017 are the same as current plan offerings. All employees will need to enroll in each coverage as a first time enrollment. Be sure to enroll in all of the coverage types you want for 2017! To review 2017 plan offerings, see the 2017 [Benefit Enrollment Guide](#) on Employee Central. **CLICK AN ACTION BELOW TO ENROLL OR WAIVE COVERAGE FOR 2017!**

Dependent Name	Relationship Desc	Coverage Link
✓ SPOUSE, SUPERSTAR	SPOUSE	Show Coverage
CHILD1, SUPERSTAR	SON	Show Coverage

ACTION		BENEFIT	CURRENT ENROLLMENT				FUTURE ENROLLMENT				ACTION	
Required	Class		Type	Plan	Cost	Primary Care Physician	Type	Plan	Cost	Primary Care Physician	Enroll	Waive
✓ *	DENTAL		No Coverage				No Coverage				Enroll	-
*	HEALTH INS		No Coverage				No Coverage				Enroll	-
*	LIFE DEP		No Coverage				No Coverage				Enroll	Waive
	LIFE INS		No Coverage				No Coverage				Enroll	-
*	LIFE SUP		No Coverage				No Coverage				Enroll	Waive
*	VISION		No Coverage				No Coverage				Enroll	-

First Prev Next Last

Click here to enroll



Click here to waive (if available)



Benefit Selection - Dental



Benefit Enrollment

	Dependent Last Name	Dependent First Name	Relationship Desc	Prim
<input checked="" type="checkbox"/>	EMPLOYEE	SUPERSTAR	SELF	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	SPOUSE	SUPERSTAR	SPOUSE	<input type="checkbox"/>
<input checked="" type="checkbox"/>	CHILD1	SUPERSTAR	SON	<input type="checkbox"/>

Check all dependents you would like to have covered under press "Save".

Dental coverage is optional. You can waive coverage by clic

Note: All names must be selected prior to selecting a plan listed below. The plan selected must coincide with the number of names selected above. For example, in this case, EMPL+FAMILY is the only appropriate option...EMPL ONLY or EMPL+DEP should not be selected.

PLAN Type	DENTAL HMO PLAN	DENTAL INSURANCE DENTAL PPO PLAN
Pay Period	Default Pay Period Amount : \$1.98	Default Pay Period Amount : \$3.90
Payroll Deduction: EMPL ONLY	<input type="radio"/>	<input type="radio"/>
Pay Period	Default Pay Period Amount : \$3.87	Default Pay Period Amount : \$7.97
Payroll Deduction: EMPL + DEP	<input type="radio"/>	<input type="radio"/>
Pay Period	Default Pay Period Amount : \$6.35	Default Pay Period Amount : \$10.44
Payroll Deduction: EMPL + FAMILY	<input checked="" type="radio"/>	<input type="radio"/>
Pay Period		
Payroll Deduction: WAIVED COVERAGE		
Pay Period		
Payroll Deduction: CVD BY CO SPSE		

If you select the Dental HMO Plan, it is MANDATORY that you select a Primary Care Dentist. Please visit <http://benefitenrollment2016.fultoncountygga.gov/apps/tba/> for instructions on how to locate the 6 digit Primary Care Office ID# for your dentist.



Click here to continue

Benefit Selection - Medical



Benefit Enrollment

	Dependent Last Name	Dependent First Name	Relationship Desc	Primary Care Physician
<input checked="" type="checkbox"/>	EMPLOYEE	SUPERSTAR	SELF	<input type="text"/>
<input checked="" type="checkbox"/>	SPOUSE	SUPERSTAR	SPOUSE	<input type="text"/>
<input checked="" type="checkbox"/>	CHLD1	SUPERSTAR	SON	<input type="text"/>

Check all dependents you would like to have covered under your Medical plan. Then choose one option for Medical below and press "Save".

Medical coverage is required unless you have proof of other coverage. If you waive medical coverage, proof of other coverage must be provided to the benefits office before October 14, 2016.

PLAN Type	KAISER HMO PLAN	POINT OF SERVICE PLAN (POS)	HEALTH INSURANCE SELF INSURED HEALTH SAVINGS ACCOUNT (HSA)	WAIVE HEALTH COVERAGE
Pay Period	Default Pay Period Amount : \$47.80	Default Pay Period Amount : \$82.06	Default Pay Period Amount : \$54.31	
Payroll Deduction: EMPL ONLY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pay Period	Default Pay Period Amount : \$91.37	Default Pay Period Amount : \$151.45	Default Pay Period Amount : \$103.82	
Payroll Deduction: EMPL + DEP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pay Period	Default Pay Period Amount : \$119.12	Default Pay Period Amount : \$205.50	Default Pay Period Amount : \$135.35	
Payroll Deduction: EMPL + FAMILY	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Pay Period				Default Pay Period Amount : \$0.00
Payroll Deduction: WAIVED COVERAGE				<input type="radio"/>
Pay Period				Default Pay Period Amount : \$0.00
Payroll Deduction: CVD BY CO SPSE				<input type="radio"/>

Benefit Selection – Dependent Life



Benefit Enrollment

	Dependent Last Name	Dependent First Name	Relationship Desc	Primary Care Physician
<input checked="" type="checkbox"/>	EMPLOYEE	SUPERSTAR	SELF	<input type="text"/>
<input checked="" type="checkbox"/>	SPOUSE	SUPERSTAR	SPOUSE	<input type="text"/>
<input checked="" type="checkbox"/>	CHILD1	SUPERSTAR	SON	<input type="text"/>

LIFED: If you are enrolling your **SPOUSE for the FIRST** time [Click Here](#) to complete the required EOI form. Requested coverage for spouse dependent life will not be effective until EOI has been approved.

PLAN Type	DEPENDENT LIFE INS LIFE DEPENDENT
Pay Period	Default Pay Period Amount : \$0.54
Payroll Deduction:	<input checked="" type="radio"/>
DEP LIFE	

Save & Continue

Cancel

Notes: Employees must select ALL dependents for which they want dependent life coverage.

Benefit Selection – Basic Life



Benefit Enrollment

Basic Life coverage valued at \$50,000 is mandatory for all county employees.

PLAN Type	LIFE INSURANCE LIFE INSURANCE BASIC TERM
Pay Period	Default Pay Period Amount : \$0.78
Payroll Deduction: BASIC LIFE	<input checked="" type="radio"/>

Save & Continue

Cancel

Notes: As noted on the screen, Basic Life Insurance is mandatory for ALL County employees and is therefore selected by default. YOU MUST SELECT A BENEFICIARY ON THE NEXT SCREEN.

Beneficiary Designation – Create Basic Life (LifeS) **MANDATORY**


  Click to expand Beneficiary Information.

Name of Beneficiary	Beneficiary Type	Relationship	% of Distribution
<input type="button" value="Add"/>	<input type="button" value="Delete"/>	<input type="button" value="First"/> <input type="button" value="Prev"/> <input type="button" value="Next"/> <input type="button" value="Last"/>	

To add a beneficiary, either: Select a dependent using the button next to the Dependent ID field (which will infer personal dependent information) and complete the Beneficiary Type and % of Distribution

OR Enter the name of the beneficiary and complete the remaining information manually


***Name of Beneficiary :**

Dependent ID : 

***Beneficiary Type :**

% of Distribution :

Date of Birth :

Relationship : 

Social Security Number :

Street 1 :

Street 2 :

City :

State/Province :

Zip/Postal Code :

Ensure the total % of Distribution (if entered) is equal to 100%, by Beneficiary Type, before submitting

Beneficiary Designation - Non Dependent

▼ Beneficiary Information

Name of Beneficiary	Beneficiary Type	Relationship	% of Distribution		
<input type="button" value="Add"/>	<input type="button" value="Delete"/>	<input type="button" value="First"/>	<input type="button" value="Prev"/>	<input type="button" value="Next"/>	<input type="button" value="Last"/>

Click Add

OR Enter the name of the beneficiary and complete the remaining information manually

*Name of Beneficiary :

Date of Birth :

Relationship :

Social Security Number :

Street 1 :

Street 2 :

City :

State/Province :

Zip/Postal Code :

Enter beneficiary information in the fields.

ary Type, before submitting

Click submit when complete.

Beneficiary Designation - Dependent

▼ Beneficiary Information

Name of Beneficiary	Beneficiary Type	Relationship	% of Distribution		
<input type="button" value="Add"/>	<input type="button" value="Delete"/>	<input type="button" value="First"/>	<input type="button" value="Prev"/>	<input type="button" value="Next"/>	<input type="button" value="Last"/>

Click Add

▼ Beneficiary Information

Name of Beneficiary	Beneficiary Type	Relationship	% of Distribution		
✓	Primary				
<input type="button" value="Add"/>	<input type="button" value="Delete"/>	<input type="button" value="First"/>	<input type="button" value="Prev"/>	<input type="button" value="Next"/>	<input type="button" value="Last"/>

To add a beneficiary, either: Select a dependent using the button next to the Dependent ID field (which will infer personal dependent information) and complete the Beneficiary Type and % of Distribution

OR Enter the name of the beneficiary and complete the remaining information manually

Dependent ID :



Click here to select a dependent from your list of dependents. The screen below will be displayed.

*Beneficiary Type :

% of Distribution :

Ensure the total % of Distribution (if entered) is equal to 100%, b

Dependent ID	Dependent Name	From	To
<input type="text" value="32324"/>	<input type="text" value="SUPERSTAR, SPOUSE"/>	<input type="text" value="09/20/2014"/>	<input type="text" value="12/31/9999"/>


Beneficiary Designation


Name of Beneficiary	Beneficiary Type	Relationship	% of Distribution
✓ SUPERSTAR, SPOUSE	Primary	SPSE	

To add a beneficiary, either: Select a dependent using the button next to the Dependent ID field (which will infer personal dependent information) and complete the Beneficiary Type and % of Distribution


OR Enter the name of the beneficiary and complete the remaining information manually

***Name of Beneficiary :**

Dependent ID : 

***Beneficiary Type :** 

Date of Birth :

Relationship : 

Street 1 :

Street 2 :

% of Distribution :

Number :

Zip/Postal Code :

Ensure the total % of Distribution (if entered) is equal to 100%, by Beneficiary Type, before submitting

Enter % of distribution and click Submit.

Notes: The system does not calculate percentages of distribution of all beneficiaries to ensure the total equal 100%. The employee must calculate and determine percentages. If percentages are not entered for beneficiaries, equal distribution amongst beneficiaries will be assumed.

Benefit Selection – Supplemental Life (OPTIONAL)



Benefit Enrollment

LIFES Supplemental Life coverage can be purchased in increments of \$25,000 up to \$200,000. The first \$25,000 is guarantee issue. All other L

Click Here to con
approved.

Click here to access the form. The form will open in a new screen and will not close the screen for Open Enrollment wizard. You may return to the Open Enrollment wizard by navigating to that screen.

PLAN Type	
Pay Period	Default Pay Period Amount : \$3.75
Payroll Deduction:	<input type="radio"/>
S LIFE 25,000	
Pay Period	Default Pay Period Amount : \$7.50
Payroll Deduction:	<input type="radio"/>
S LIFE 50,000	
Pay Period	Default Pay Period Amount : \$11.25
Payroll Deduction:	<input type="radio"/>
S LIFE 75,000	
Pay Period	Default Pay Period Amount : \$15.00
Payroll Deduction:	<input type="radio"/>
S LIFE 100,000	
Pay Period	Default Pay Period Amount : \$18.75
Payroll Deduction:	<input checked="" type="radio"/>
S LIFE 125,000	
Pay Period	Default Pay Period Amount : \$22.50
Payroll Deduction:	<input type="radio"/>
S LIFE 150,000	
Pay Period	Default Pay Period Amount : \$26.25
Payroll Deduction:	<input type="radio"/>
S LIFE 175,000	
Pay Period	Default Pay Period Amount : \$30.00
Payroll Deduction:	<input type="radio"/>
S LIFE 200,000	







Notes: As noted on the screen, additional information (EOI) is required for supplemental life insurance over the amount of \$25,000.

**If an employee select the same amount or less as their current supplemental life coverage, an additional EOI is not required.*

Beneficiary Designation – Create Supplemental Life LIFES

*If you enroll in LIFES (Supplemental Life) **YOU MUST MAKE BENEFICIARY DESIGNATION (S)***


  Click to expand Beneficiary Information.

Name of Beneficiary	Beneficiary Type	Relationship	% of Distribution		
					

To add a beneficiary, either: Select a dependent using the button next to the Dependent ID field (which will infer personal dependent information) and complete the Beneficiary Type and % of Distribution

OR Enter the name of the beneficiary and complete the remaining information manually


***Name of Beneficiary :**

Dependent ID : 

***Beneficiary Type :**

% of Distribution :

Date of Birth :

Relationship : 

Social Security Number :

Street 1 :

Street 2 :

City :

State/Province :

Zip/Postal Code :

Ensure the total % of Distribution (if entered) is equal to 100%, by Beneficiary Type, before submitting

Beneficiary Designation - Non Dependent

*If you enroll in LIVES (Supplemental Life)
YOU MUST MAKE BENEFICIARY DESIGNATION (S)*

▼ Beneficiary Information

Name of Beneficiary	Beneficiary Type	Relationship	% of Distribution		
<input type="button" value="Add"/>	<input type="button" value="Delete"/>	<input type="button" value="First"/>	<input type="button" value="Prev"/>	<input type="button" value="Next"/>	<input type="button" value="Last"/>

Click Add

OR Enter the name of the beneficiary and complete the remaining information manually

*Name of Beneficiary :

Date of Birth :

Relationship :

Social Security Number :

Street 1 :

Street 2 :

City :

State/Province :

Zip/Postal Code :

Enter beneficiary information in the fields.

ary Type, before submitting

Click submit when complete.

Beneficiary Designation - Dependent

▼ Beneficiary Information

Name of Beneficiary	Beneficiary Type	Relationship	% of Distribution		
<input type="button" value="Add"/>	<input type="button" value="Delete"/>	<input type="button" value="First"/>	<input type="button" value="Prev"/>	<input type="button" value="Next"/>	<input type="button" value="Last"/>

Click Add

*If you enroll in LIFES (Supplemental Life) **YOU MUST MAKE BENEFICIARY DESIGNATION (S)***

▼ Beneficiary Information

Name of Beneficiary	Beneficiary Type	Relationship	% of Distribution		
✓	Primary				
<input type="button" value="Add"/>	<input type="button" value="Delete"/>	<input type="button" value="First"/>	<input type="button" value="Prev"/>	<input type="button" value="Next"/>	<input type="button" value="Last"/>

To add a beneficiary, either: Select a dependent using the button next to the Dependent ID field (which will infer personal dependent information) and complete the Beneficiary Type and % of Distribution

OR Enter the name of the beneficiary and complete the remaining information manually

Dependent ID :



Click here to select a dependent from your list of dependents. The screen below will be displayed.

*Beneficiary Type :

% of Distribution :

Ensure the total % of Distribution (if entered) is equal to 100%, b

Dependent ID :

Dependent Name :

From :

To :

Dependent ID	Dependent Name	From	To
Select	32324	SUPERSTAR, SPOUSE	09/20/2014 12/31/9999

Beneficiary Designation

*If you enroll in LIFES (Supplemental Life)
**YOU MUST MAKE BENEFICIARY
DESIGNATION (S)***

Name of Beneficiary	Beneficiary Type	Relationship	% of Distri
✓ SUPERSTAR, SPOUSE	Primary	SPSE	

To add a beneficiary, either: Select a dependent using the button next to the Dependent ID field (which will infer personal dependent information) and complete the Beneficiary Type and % of Distribution

OR Enter the name of the beneficiary and complete the remaining information manually

*Name of Beneficiary :

Dependent ID :

*Beneficiary Type :

Date of Birth :

Street 1 :

Street 2 :

% of Distribution :

Enter % of distribution and click Submit.

Security Number :

State/Province :

Zip/Postal Code :

Ensure the total % of Distribution (if entered) is equal to 100%, by Beneficiary Type, before submitting

Notes: The system does not calculate percentages of distribution of all beneficiaries to ensure the total equal 100%. The employee must calculate and determine percentages. If percentages are not entered for beneficiaries, equal distribution amongst beneficiaries will be assumed.

Benefit Selection – Vision



Benefit Enrollment

	Dependent Last Name	Dependent First Name	Relationship Desc	Primary Care Physician
<input checked="" type="checkbox"/>	EMPLOYEE	SUPERSTAR	SELF	<input type="text"/>
<input checked="" type="checkbox"/>	SPOUSE	SUPERSTAR	SPOUSE	<input type="text"/>
<input checked="" type="checkbox"/>	CHILD1	SUPERSTAR	SON	<input type="text"/>

Check all dependents you would like to have covered under your Vision plan. Then choose the Vision below and press "Save".

Vision coverage is optional. You can waive coverage by clicking the appropriate waive plan.

PLAN Type	VISION INSURANCE	VISION
Pay Period	Default Pay Period Amount : \$3.42	waive vision coverage
Payroll Deduction: EMP VISION	<input checked="" type="radio"/>	
Pay Period		Default Pay Period Amount : \$0.00
Payroll Deduction: WAIVED COVERAGE		<input type="radio"/>
Pay Period		Default Pay Period Amount : \$0.00
Payroll Deduction: CVD BY CO SPSE		<input type="radio"/>

Save & Continue

Cancel

Benefit Selection



3 - Benefits Enrollment

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Example of an enrollment where all areas have been selected.

Completing Open Enrollment through ESS is mandatory this year!

If you do not elect coverage through ESS, your medical coverage will default to the Kaiser HMO plan for you and your current dependents with no dental or vision coverage for 2017. Benefit offerings for 2017 are the same as current plan offerings. All employees will need to enroll in each coverage as a first time enrollment. Be sure to enroll in all of the coverage types you want for 2017! To review 2017 plan offerings, see the 2017 [Benefit Enrollment Guide](#) on Employee Central. **CLICK AN ACTION BELOW TO ENROLL OR WAIVE COVERAGE FOR 2017!**

Dependent Name	Relationship Desc	Coverage Link
✓ SPOUSE, SUPERSTAR	SPOUSE	Show Coverage
CHILD1, SUPERSTAR	SON	Show Coverage

ACTION	BENEFIT	CURRENT ENROLLMENT				FUTURE ENROLLMENT				ACTION	
		Type	Plan	Cost	Primary Care Physician	Type	Plan	Cost	Primary Care Physician	Enroll	Waive
✓ *	DENTAL	No Coverage				F INS DENT HMO	FIDEN HMO IND	6.35		Reset	-
*	HEALTH INS	No Coverage				F INS HMO	FIHLTH HMO FAM	119.12		Reset	-
*	LIFE DEP	No Coverage				LIFE DEP	LIFE DEP	0.54		Reset	-
	LIFE INS	No Coverage				LIFE INS BAS	LIFE BASIC	0.78		Reset	-
*	LIFE SUP	No Coverage				LIFE INS SUP	LIFE SUP 200	30.00		Reset	-
*	VISION	No Coverage				VISION INS	VISION INS	3.42		Reset	-

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Completing Open Enrollment



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Click here to complete Open Enrollment and submit benefit selections.

Completing Open Enrollment through ESS is mandatory this year!

If you do not elect coverage through ESS, your medical coverage will default to the Kaiser HMO plan for you and your current dependents with no dental or vision coverage for 2017. Benefit offerings for 2017 are the same as current plan offerings. All employees will need to enroll in each coverage as a first time enrollment. Be sure to enroll in all of the coverage types you want for 2017! To review 2017 plan offerings, see the 2017 [Benefit Enrollment Guide](#) on Employee Central. **CLICK AN ACTION BELOW TO ENROLL OR WAIVE COVERAGE FOR 2017!**

Dependent Name	Relationship Desc	Coverage Link
✓ SPOUSE, SUPERSTAR	SPOUSE	Show Coverage
CHILD1, SUPERSTAR	SON	Show Coverage

ACTION	BENEFIT	CURRENT ENROLLMENT				FUTURE ENROLLMENT				ACTION	
		Type	Plan	Cost	Primary Care Physician	Type	Plan	Cost	Primary Care Physician	Enroll	Waive
✓ *	DENTAL	No Coverage				F INS DENT HMO	FIDEN HMO IND	6.35		Reset	-
*	HEALTH INS	No Coverage				F INS HMO	FIDLTH HMO FAM	119.12		Reset	-
*	LIFE DEP	No Coverage				LIFE DEP	LIFE DEP	0.54		Reset	-
	LIFE INS	No Coverage				LIFE INS BAS	LIFE BASIC	0.78		Reset	-
*	LIFE SUP	No Coverage				LIFE INS SUP	LIFE SUP 200	30.00		Reset	-
*	VISION	No Coverage				VISION INS	VISION INS	3.42		Reset	-

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Miscellaneous Deductions



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NO ACTION REQUIRED. CLICK CONTINUE

DEDUCTIONS		CURRENT ENROLLMENT			FUTURE ENROLLMENT			ACTION	
Type		Type	Plan	Cost	Type	Plan	Cost	Enroll	Unenroll
First		Prev		Next					
				Last					

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Save

Currently, there are no miscellaneous deductions for employees to select; therefore, click Continue.

Enrollment Summary



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Dependents

Dependent ID	Dependent Name	Relationship Desc	Birth Date	Gender	FT Student	From	To	Status
✓ 32324	SPOUSE, SUPERSTAR	SPOUSE	12/21/1966	Male	No	01/01/2016	12/31/9999	Update
33121	CHILD1, SUPERSTAR	SON	11/17/2001	Male	No	01/01/2016	12/31/9999	Update

Dependent Coverage Changes

Dependent Name	Benefits Class Desc	Primary Care Physician	Coverage From	Coverage To	Status	Action
✓ SPOUSE, SUPERSTAR	DENTAL		01/01/2016	12/31/9999	Update	
CHILD1, SUPERSTAR	DENTAL		01/01/2016	12/31/9999	Update	
SPOUSE, SUPERSTAR	HEALTH INS		01/01/2016	12/31/9999	Update	
CHILD1, SUPERSTAR	HEALTH INS		01/01/2016	12/31/9999	Update	
CHILD1, SUPERSTAR	LIFE DEP		01/01/2016	12/31/9999	Update	
SPOUSE, SUPERSTAR	LIFE DEP		01/01/2016	12/31/9999	Update	
CHILD1, SUPERSTAR	VISION		01/01/2016	12/31/9999	Update	
SPOUSE, SUPERSTAR	VISION		01/01/2016	12/31/9999	Update	

Benefits Enrollment Changes

Benefit Class Desc	Type Description	Plan Description	Benefit Cost	Primary Care Physician	Payroll From	Payroll To	Coverage From	Coverage To	Status	Action
✓ DENTAL	F INS DENT HMO	FI DEN HMO IND	6.35		12/16/2015	12/31/9999	01/01/2016	12/31/9999	Update	
HEALTH INS	F INS HMO	FI HLTH HMO FAM	119.12		12/16/2015	12/31/9999	01/01/2016	12/31/9999	Update	
LIFE DEP	LIFE DEP	LIFE DEP	0.54		12/16/2015	12/31/9999	01/01/2016	12/31/9999	Update	
LIFE INS	LIFE INS BAS	LIFE BASIC	0.78		12/16/2015	12/31/9999	01/01/2016	12/31/9999	Update	
LIFE SUP	LIFE INS SUP	LIFE SUP 200	30.00		12/16/2015	12/31/9999	01/01/2016	12/31/9999	Update	
VISION	VISION INS	VISION INS	3.42		12/16/2015	12/31/9999	01/01/2016	12/31/9999	Update	

Enrollment Summary

LIFE INS	LIFE INS BAS	LIFE BASIC	0.78	12/14/2016	12/31/9999	01/01/2017	12/31/9999	Update
LIFE SUP	LIFE INS SUP	LIFE SUPP 25	3.75	12/14/2016	12/31/9999	01/01/2017	12/31/9999	Update
VISION	VISION INS	VISION INS	3.40	12/14/2016	12/31/9999	01/01/2017	12/31/9999	Update

Beneficiary Designation

Name	Dep ID	Type	Plan	Rel	From	To	Beneficiary Type	%	Address	SSN	DOB	Status
		LIFEB	LIFEB			12/31/9999	Primary	100				

Miscellaneous Deduction Changes

Deduction Type Desc	Deduction Plan Desc	Plan Cost	Goal Amount	Goal Installments	From	To	Status	Action
---------------------	---------------------	-----------	-------------	-------------------	------	----	--------	--------

In order to submit your changes you must confirm that you agree to security terms by checking the following box. This serves as your electronic signature and submission of Benefit Enrollment changes.

SPECIAL NOTE: ONCE YOU CLICK THE "FINISH" BUTTON BELOW YOU WILL NOT BE ABLE TO ALTER YOUR SELECTIONS. IF YOU ARE NOT COMPLETELY SURE ABOUT YOUR SELECTIONS, PLEASE RETURN TO THE "FINISH" BUTTON AND MAKE ANY NECESSARY CHANGES.

All County employees will automatically enrolled in the Wellness Credit. You are also verifying that the benefits selected (as shown above) is correct. You must select this box to complete (Finish) Open Enrollment and submit selected benefits.

☐ **WELLN**
I understand
medical plan

The premium

By checking the box above, I pledge to complete the those necessary steps to obtain or maintain the wellness credit for 2017. And I agree that the above information is correct for my Benefits and Deduction elections.

If you haven't already done so, please visit <http://benefitenrollment2016.fultoncountygga.gov/apps/tba/> to complete the MANDATORY Tobacco-Use Attestation form. Failure to complete by 10/14/2016, will result in a \$50 monthly surcharge added to your premium beginning January, 2017.

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Enrollment Completion

In order to submit your changes you must confirm that you agree to security terms by checking the following box. This serves as your electronic signature and submission of Benefit Enrollment changes.

SPECIAL NOTE: ONCE YOU CLICK THE "FINISH" BUTTON BELOW, YOU WILL NOT BE ABLE TO ALTER YOUR SELECTIONS. IF YOU ARE NOT COMPLETELY SURE ABOUT YOUR SELECTIONS, CLICK SAVE AND EXIT. THIS WILL ALLOW YOU TO MAKE UPDATES. ONCE YOU ARE SURE OF ELECTIONS, CLICK FINISH AND PRINT A COPY OF THIS PAGE FOR YOUR RECORDS.

☒ WELLNESS CREDIT TERMS

I understand that a \$20 per month (\$240 annual savings) reduction to my medical premium will apply effective with the first paycheck in 2017, provided I follow the necessary steps outlined by my current medical plan (BCBS or Kaiser) provider by December 31, 2016.

The premium reduction will be discontinued, returning to the standard medical premium, if I do not complete the necessary steps by the assigned deadline.

By checking the box above, I pledge to complete the those necessary steps to obtain or maintain the wellness credit for 2017. And I agree that the above information is correct for my Benefits and Deduction elections.

If you haven't already done so, please visit <http://benefitenrollment2016.fultoncountyga.gov/apps/tba/> to complete the MANDATORY Tobacco-Use Attestation form. Failure to complete by 10/14/2016, will result in a \$50 monthly surcharge added to your premium beginning January, 2017.

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Once you verified that all selected benefits are accurate and ready for FINAL submittal, select the Health Assessment Pledge and click Finish.

Enrollment Completion

Notes: Once submitted (by clicking Finish), the following message will be displayed in the upper section of the screen below the navigation menu.

1 of 2 | [View All](#) Document submitted successfully - Pending Approval

Notes: You may click the View All link to view any messages.

** Although the title state Error Messages, the message below are Information and are not errors.*

Error Messages

Component	Context	Severity	Override	Message
		Information		Document with doc id 09281500000000000061 has been created
		Information		Document submitted successfully - Pending Approval

Close

← Click Close to exit the Open Enrollment wizard. You will still remain in ESS.

NEED ASSISTANCE

Employees are required to know their 10 digit employee ID number to access the ESS enrollment system.

IT ESS Support

For technical issues or help with your access including ESS password reset, contact the Technical Support Center at 404.612.7334 or email technical.Support@fultoncountyga.gov . Technical Support Center hours are Monday ☐ Friday from 8:30 a.m. to 5:00 p.m.

Benefits and Payroll Questions

For more information, please contact the Employee Benefits Division at (404) 612-7605 or email employeebenefits@fultoncountyga.gov.